

Spot Check Report

(Vegetative, Agronomic, or Management Practices)

Spot Check of Practice Installation at _____ Field Office

Cooperator or Group Name: _____ Farm No.: _____ Tract No. _____

NHCP Practice Name: _____ Practice Code: _____ Job Class: _____

Practice Cost-Shared? YES ☐ NO ☐ Date Practice Installed: _____ Farm Bill Program: _____

Practice Installation/Application Approved By: _____ Date Approved: _____

Is Practice Needed and Practicable? YES ☐ NO ☐ _____Does Practice Meet NRCS Standards and Specifications? YES ☐ NO ☐ _____

Practice Units Performed

<u>Practice Component</u>	<u>Units</u>	<u>Amount Installed</u>	<u>Amount Spot Checked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adequacy of Supporting Data: _____ Deficient Adequate or NA

Benchmark Conditions Described ☐ ☐Cultural Resources Inventory ☐ ☐USF&WS T&E Species List ☐ ☐Practice Documentation Worksheet ☐ ☐Other Required Data (*List*) ☐ ☐_____ ☐ ☐

Explanation of Deficiencies noted above: _____

Suggested Corrective Action(s): _____

Attach supporting data and additional sheets, if needed. District Conservationist to forward a copy of this Spot Check report to the Area Conservationist and State Resource Conservationist.

Spot Checker

Date: _____

District Conservationist

Date: _____